

**TRUMAN SCHOLAR EDUCATIONAL EXPENSES & SUPPORT FORM****HARRY S. TRUMAN SCHOLARSHIP FOUNDATION (P.L. 93-642)**712 Jackson Place, NW / Washington, DC 20006 ♦ (202) 395-4831 ♦ FAX: (202) 395-6995 ♦ [office@truman.gov](mailto:office@truman.gov)**PART I (TO BE COMPLETED BY TRUMAN SCHOLAR)**

1. Name \_\_\_\_\_ 2. Year Elected \_\_\_\_\_
3. Check One: ☐ Payment for Summer 200\_\_\_\_; or ☐ Payment for Academic Year 200\_\_\_\_ - 0\_\_\_\_
4. Institution operates on: ☐ Semesters ☐ Quarters ☐ Other (specify)\_\_\_\_\_

**PART II (TO BE COMPLETED BY FINANCIAL AID OFFICER)**

6. Institution is: ☐ Private ☐ Public 6a. If public, scholar will be considered: ☐ State Resident ☐ Out-of-State Resident
7. Scholar housing: ☐ on campus ☐ off campus ☐ commuting from home

(If the Scholar is attending summer session, please enter the cost figures in Item 8a.)

8. Scholar Costs for 200__ - 0__ Academic Year	8a. Scholar Costs for Summer 200__
a. Tuition:	a. Tuition:
b. Fees:	b. Fees:
c. Books:	c. Books:
d. Room and Board:	d. Room and Board:
e. Additional Expenses:	e. Additional Expenses:

9. Financial Aid Scholar will receive for <input type="checkbox"/> Summer <input type="checkbox"/> Academic Year 200__ - 0__		
Source(s) of Aid (If no scholarships, grants or loans other than Truman Scholarship, please write "NONE".)	Purpose(s) of Award or Loan (designation of funds, e.g. tuition/fees, room and board, undesignated, etc.)	Amount

10. I certify that the figures in Items 8, 8a. (if applicable) and 9 are accurate and complete for the Truman Scholar identified in Item 1.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Title: \_\_\_\_\_ E-mail address: \_\_\_\_\_